

# INSURANCE COMPLAINT



RETURN THIS FORM TO:

CONSUMER INSURANCE SERVICES  
TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE  
500 James Robertson Parkway, Davy Crockett Tower, 4<sup>th</sup> Floor  
Nashville, TN 37243-0574

Is this the only complaint you have filed with this department concerning this particular matter? \_\_\_\_\_

Date previous complaint filed \_\_\_\_\_

## PLEASE PRINT

Complaint by:

Against:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Complete name of insurance company

Phone # (day): \_\_\_\_\_

Agency or Producer: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Insured: \_\_\_\_\_

Adjuster: \_\_\_\_\_

Address: \_\_\_\_\_

Claim Number: \_\_\_\_\_

\_\_\_\_\_

Date of Loss or Treatment: \_\_\_\_\_

Group name or Employer: \_\_\_\_\_

(Include name of contact person)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The information contained in this complaint is true and correct to the best of my knowledge and belief. I am attaching copies of my policy and any correspondence or other papers which may be of assistance. I understand that a copy of this complaint may be forwarded to the company and/or producer involved. The following is a brief statement of my complaint.

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\*\* Turn page over / See page 2 for additional space and signature line \*\*

**TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE**  
**500 James Robertson Parkway, Davy Crockett Tower, 4<sup>th</sup> Floor**  
**Nashville, TN 37243-0574**

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Date \_\_\_\_\_